NAZARETH HOUSE 814 JACKSON STREET

STOUGHTON 53589 Phone: (608) 873-6448 Ownershi p: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 99 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 99 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 95 97 Average Daily Census: ********************* ***********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	23. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years	29. 5
Day Services	No	Mental Illness (Org./Psy)	36. 8	65 - 74	5. 3		
Respite Care	No	Mental Illness (Other)	4. 2	75 - 84	28.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	47.4	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 1	95 & 0ver	17. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 1	İ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	6.3	65 & 0ver	98. 9		
Transportation	No	Cerebrovascul ar	10. 5			RNs	10. 0
Referral Service	No	Diabetes	2. 1	Sex	% [LPNs	7. 1
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	37. 9	Male	13. 7	Aides, & Orderlies	54. 5
Mentally Ill	No	İ		Femal e	86. 3		
Provi de Day Programming for		Ϊ	100.0		j		
Developmentally Disabled	No	ĺ			100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	=		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 8	163	0	0.0	0	0	0.0	0	1	1. 1
Skilled Care	0	0.0	0	38	100.0	109	0	0.0	0	55	96. 5	136	0	0.0	0	0	0.0	0	93	97. 9
Intermedi ate				0	0.0	0	0	0.0	0	1	1.8	136	0	0.0	0	0	0.0	0	1	1. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		38	100.0		0	0.0		57	100. 0		0	0.0		0	0.0		95	100.0

County: Dane NAZARETH HOUSE

Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12	2/31/01
Deaths During Reporting Period							
D			0/		% Needing	0/ FD + 3.3	Total
Percent Admissions from:		Activities of	% .		sistance of	% Totally	Number of
Private Home/No Home Health	14. 8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	7.4	Bathi ng	1. 1		46. 3	52. 6	95
Other Nursing Homes	22. 2	Dressi ng	9. 5		57. 9	32. 6	95
Acute Care Hospitals	33. 3	Transferri ng	32. 6		43. 2	24. 2	95
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 3		42. 1	32. 6	95
Reȟabilitation Hospitals	3. 7	Eati ng	43. 2		33. 7	23. 2	95
Other Locations	18. 5	********	******	*****	******	********	******
Total Number of Admissions	27	Continence		%	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 2		Respiratory Care	13. 7
Private Home/No Home Health	0.0	Occ/Freg. Incontinent	t of Bladder	54 . 7		Tracheostomy Care	0. 0
Private Home/With Home Health	3. 3	Occ/Freq. Incontinent	t of Bowel	25. 3		Suctioning "	0. 0
Other Nursing Homes	3. 3	į			Recei vi ng	Ostomy Care	3. 2
Acute Care Hospitals	10.0	Mobility				Tube Feeding	1. 1
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained	ł	9. 5		Mechanically Altered Diet	s 44.2
Rehabilitation Hospitals	0. 0						
Other Locations	6. 7	Skin Care			Other Reside	ent Characteristics	
Deaths	76. 7	With Pressure Sores		0. 0		nce Directives	100. 0
Total Number of Discharges		With Rashes		8. 4	Medications	ice Directives	100.0
(Including Deaths)	30	With Mashes		0. 4		Psychoactive Drugs	60. 0
(The during beachs)	30	I			mecei vi iig	1 Sychoactive Di ugs	00.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership: This Nonprofit Facility Peer Group		50	Si ze: - 99 Group	Ski	ensure: l l ed Group	Al l Faci l	l lities			
	%	%	Ratio	%	Rati o	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	89. 4	1. 10	85. 1	1. 15	84. 3	1. 16	84. 6	1. 16		
Current Residents from In-County	85. 3	82. 7	1. 03	80. 0	1. 07	82. 7	1.03	77. 0	1. 11		
Admissions from In-County, Still Residing	66. 7	25. 4	2. 62	20. 9	3. 19	21.6	3. 09	20. 8	3. 20		
Admissions/Average Daily Census	27.8	117. 0	0. 24	144. 6	0. 19	137. 9	0. 20	128. 9	0. 22		
Discharges/Average Daily Census	30. 9	116.8	0. 26	144. 8	0. 21	139. 0	0. 22	130. 0	0. 24		
Discharges To Private Residence/Average Daily Census	1. 0	42. 1	0. 02	60. 4	0. 02	55. 2	0. 02	52.8	0. 02		
Residents Receiving Skilled Care	98. 9	93. 4	1.06	90. 5	1. 09	91.8	1. 08	85. 3	1. 16		
Residents Aged 65 and Older	98. 9	96. 2	1.03	94. 7	1. 04	92. 5	1. 07	87. 5	1. 13		
Title 19 (Medicaid) Funded Residents	40. 0	57. 0	0. 70	58. 0	0. 69	64. 3	0. 62	68. 7	0. 58		
Private Pay Funded Residents	60. 0	35. 6	1. 68	32. 0	1. 87	25. 6	2. 35	22. 0	2. 73		
Developmentally Disabled Residents	0. 0	0.6	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00		
Mentally Ill Residents	41. 1	37. 4	1. 10	33. 8	1. 21	37. 4	1. 10	33.8	1. 21		
General Medical Service Residents	37. 9	21. 4	1. 77	18. 3	2.07	21. 2	1. 79	19. 4	1. 95		
Impaired ADL (Mean)	55. 6	51. 7	1. 07	48. 1	1. 15	49. 6	1. 12	49. 3	1. 13		
Psychological Problems	60. 0	52. 8	1. 14	51.0	1. 18	54. 1	1. 11	51. 9	1. 16		
Nursing Care Required (Mean)	8. 8	6. 4	1. 38	6. 0	1. 46	6. 5	1. 35	7. 3	1. 20		